

# Niagara Speed Skating Club 2016/2017

## TRY B 4 U JOIN SKATER REGISTRATION - 2016 / 2017 SKATER

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR

ALLERGIES/MEDICAL CONDITION: \_\_\_\_\_

PARENT / GUARDIAN NAME: \_\_\_\_\_ PARENT / GUARDIAN NAME: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home ph.#.: \_\_\_\_\_ Mobile.#: \_\_\_\_\_ Home ph.#.: \_\_\_\_\_ Mobile.#. \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ Phone #.: \_\_\_\_\_

Cost: \$50.00 for 3 sessions including skates. Trial fees will be deducted from full membership if registered in the current season. The season fees will be prorated depending on date of registration.

FEES ARE PAYABLE BY CHEQUE OR CASH AT REGISTRATION. NSF CHARGE of \$30.00 ON RETURNED CHEQUES

Fees paid by  Cheque  Cash

**WAIVER** (Please read and sign) In consideration of accepting this registration, I hereby for myself and those listed as my heirs, executors, administrators, and assigns, waive and release any and all rights and claims for damages I may have against Speed Skating Canada, the Ontario Speed Skating Association, the Niagara Speed Skating Club, the Jack Gatecliff Arena, or their agents, officers or members, for any and all injuries suffered by the above named persons while participating in any activities by the Niagara Speed Skating Club.

Signed:

\_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

Signature of parent is required for those registrants under 18 years of age. I hereby commit my child, being a minor, receiving medical attention from an individual qualified to attend to athletic injuries, a qualified medical practitioner of professional athletic training service both at the scene of any accident or injury and at a proper medical treatment facility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_